

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL NO.
09/914782

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1					
2	1					
3		1				
4		1				
5		1				
6		1				
7		1				
8		2				
9		2				
10		1				
11		1				
12		1				
13		1				
14		1				
15		1				
16		1				
17		1				
18		1				
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22		1				
23		1				
24		1				
25		1				
26		1				
27		1				
28	1					
29		1				
30		1				
31	1					
32		1				
33		1				
34		3				
35		3				
36		3				
37		3				
38	1					
39		1				
40		1				
41		1				
42		1				
43		1				
44		2				
45		2				
46	1					
47		1				
48		1				
49		1				
50		1				
TOTAL IND.	6					
TOTAL DEP.		65				
TOTAL CLAIMS	71					

	*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51		1				
52		1				
53		1				
54		1				
55		1				
56		1				
57		1				
58		1				
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96						
97						
98						
99						
100						
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						

* MAY BE USED FOR ADDITIONAL CLAIMS OR ADMENDMENTS